Reference

1. Rietveld AP, Merrman L, Essed CE, Trimbos JBMJ, Hagemeijer F. Right to left shunt, with severe hypoxemia, at the atrial level in a patient with hemodynamically important right ventricular infarction. J Am Coll Cardiol 1983;2:776–9.

Reply

We fully agree that DVI pacing would be superior to VVI pacing whenever pacing is indicated in a low cardiac output state. The positive contribution of the atrial contraction to the cardiac output ("atrial kick") can, under these circumstances, indeed be beneficial, if not life-saving (1). In our patient, however, bradycardia occurred only in the first hour after admission, after which AV conduction reverted to normal with a sinus rate of 70/min. Meanwhile her low cardiac output state responded well to volume expansion, which remains one of the mainstays of therapy in right ventricular infarction (2). We certainly would have considered AV sequential pacing in case of recurrence of the low cardiac output state, despite the above-mentioned therapy.

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References

1. Ogawa S, Dreifus LS, Shenoy PA, et al. Hemodynamic consequences of atrioventricular and ventriculo-atrial pacing. PACE 1978;8:1.
2. Lloyd ED, Gersh BJ, Kennely BM. Hemodynamic spectrum of "dominant" right ventricular infarction in 19 patients. Am J Cardiol 1981;48:1016–22.

Correction

In the article, "Suppression of Experimental Atherosclerosis in Rabbits by Interferon-Inducing Agents," by Peter T. Kuo, et al. (J Am Coll Cardiol 1984;3:129–34), there was an error in Table 2 on page 133. The value for "Lesion Area as % Lesion + Media Area" in the "Atherogenic diet, poly I:C" group should have read "11.3 ± 3.0" instead of "1.3 ± 3.0."